No.

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classified. properly may be certificate, that 0 back terms, 6 plain Instructions = DEATH ō CAUSE OF Important. Every

Very

OCCUPATION

PHYSICIANS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. lit death occurred in a hospital or institution, give its NAME Instead of street and number.] leksandrowie PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. Harries 1911 WIDOWED. Month) (f)av (Year) (Write the word) I HENES Y CERTIFY, That I attended deceased from DATE OF BIRTH Morva (Month) (Day (Year) TAGE If LESS than and that death occurred on the date t dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which amployed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER , 19t (Address) ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ... State ___ yrs. __ mos. Where was disease contracted. 14 THE ABOVE It not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address).----16 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; iffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, Never report cause for



1 PLACE OF DEATH County (A. a. co 1909)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
VIIIage or City Known of which and (No. 19, C	Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Wriss the word)	16 DATE OF DEATH (Month) (Day) (Year)
OC 187 1884 (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs.	that I last saw h & alive on how 1915 and that death occurred on the date stated above, at 1.30 Am The CAUSE OF DEATH * was as follows:
yrs, mes. ds. OR mia.? OCCUPATION a) Trade, prefession, or particular kind of work	Julmoner Julerenloser Julmoner Julerenloser Julmoner Julerenloser
10 NAME OF FATHER GLORGE Allen	Contributory Secondary Incheste (Burillon) yre mee de (Signed) Aubrese Savia , M. 1
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISPASE CAUSINO DEATH, Or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE CF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deeth
(Informant) Sophia alle me	former er usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15 Filed Nov 18, 1915 Amg WElch	astern Cemetery Nov 195 191.5
REGISTRAR If more blanks are needed, address State Registrar, 1	Samuel allen 32 Northwest

[Approved by U. S. Census and American Public Health Association.]

—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) rocery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cuses, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook. employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Tealer," etc., without more mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write Nonc. business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupathe second statement. Compositor, For persons who have no occupation whatever Architect, Locomotive engineer, Civil At home. Care should be Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin

cough; Chronic valvular heart disease; Chronic interstitial ges, pcritonaeum, etc., Carcinoma, Sarcomo, etc., of Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Meosles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," ctc.), lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, tctonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably "PUERPEHAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) by railway train-accident; Revolver The contributory (secondary or intercur-"Dropsy," "Exhaustion," "Atrophy," "Col-(Recommendations wound of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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PLACE OF DEATH 19092	STATE OF MARYLAND CERTIFICATE OF DEATH
County Cl. tl.	111
Village or City 6, Brooklyn (No. 92,	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Joseph. Corl	uszewsky
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WING GO ORDIVORGED (Write the word)	16 DATE OF DEATH OF 2/3 2 , 1915 (Month) (Day (Year)
DATE OF BIRTH DOL 23 19/1	I HEREBY CERTIFY. That I attended decased from 23 Told to 200 700, 1965
(Month) (Day Xear) 7 AGE It LESS than	and that death occurred on the date stated above, at 7.304 m
yrs mos ds. or or particular kind of work	The GAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) La fant.	(Duration) (Duration) (Duration) (Duration)
(State or country) Coast Brookly 21.	Contributory Secondary (Ourstion)yrsmosds
FATHER SUPPLY. Arts us reward, 11 BIRTHPLACE OF FATHER (State or country) Pussian Poland. 12 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Address) (Address) (Setto The) *State the Disease Causing Death of In doeths from Violence
12 MAIDEN NAME OF MOTHER LAZMING Shvider SK	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER CATHURE SWIDER SIGNATURE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place in the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Interment) Joseph arkens ever k	If not at place of death?
(Address) C. Brooklyn. 90 Co	Holy Cross. ADDRESS
Filed VOV F3 ,191 h , 100 K M 3	William Figersowsky 16/8-Fration
If more blanks are needed, address State Reg	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health CERTIFICATE OF DEATH

Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. - Never additional line is provided for the latter statement; material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the return "Laborer," "Foreman," As examples: (6)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD WRITE V. S. No. 1. N. 8. -

BINDING

FOR

RESERVED

MARGIN

	village or City Crownsvillano, State 2 FULL NAME Alberta Bar	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	: MEDICAL CERTIFICATE OF DEATH
	7 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 A 11 HEREBY CERTIFY, That 1 attended deceased from
	TAGE ODATE OF BIRTH Unknown, 1883 (Month) (Day) (Year) If LESS fhan 1 day, hrs. OR mig.?	october 4, 1913, to Movember 19, 1915 that I last saw h. alive on Movember 19, 1915 and that death occurred on the date stated above, at 5.0 m. The CAUSE OF DEATH * was as follows:
8	(a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in which employed (or employer)	Status Epilepticus (Buratlen) yrs. mos. / lin
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Arnold Cottman 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) State the DIBEABE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIOAL.
	of MOTHER Unite Stafford 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informanf) HOSPITAL PECONAS	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place 2 yrs. / mos. / f.s. Slate, Jyrs. f.mos. ds. Where was disease controcled, If not all place of desth? Former or we was controcled. Committee
	(Address) 15 Filed, 191 Registran If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL HOSPITAL CENTER DOV. 22, 191.5. 20. UNDENTAKER ADDRESS 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
41		

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uraeniia," "Weakness, ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head—homicide; Poisoped by corbolic acid—probably suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion,"



	RECORD	HYSICIANS should state of OCCUPATION Is very
ν. ο. Νο. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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Village or City Malassall (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
2FULL NAME String Bl	ers has to ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day) (Year)	that I last saw harmalive on Marin 7 , 191 2
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 Pm, The CAUSE OF DEATH* was as follows:
Particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (utilize) Seliciones. (Secondary)
10 NAME OF FATHER Bank Blackston 11 BIRTHPLACE OF FATHER (State or country) Pr Ges & Md 12 MAIDEN NAME OF MOTHER Hanna Blackston	(Signed), M. D. (Signed), 1912 (Address), In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother famule blackston 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Address) Millensville Md	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOV 9, 1915 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Regis trar, 6	M. Flading Dons Collington

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the prinary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman septichae etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Hart fallurc," "Haemorrhage," "Inanition." "Maras mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of _ "Contributory." "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent "Old Age," "Shock," 'Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 07



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PLACE OF DEATH 19095	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Jockly Hall (No. 21) 2 FULL NAME Eliza Pana	Registration Dist. No. 2 (St; Ward) [if death eccurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE; MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
(Month) (Day)	(Year) that I last saw h alive on, 191,
Tage about yrs. mes. ds. or coccupation (a) Trade, prefession, or	and that death occurred on the date stated above, at // f.m. hrs. min.? The CAUSE OF DEATH * was as follows: Probably The Charles
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) South River A. A.	Contributory arterio Schrosio Secondary Md. (Buration) yrs. mos. ds. (Buration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) South River 12 MAIDEN NAME OF MOTHER	(Signed) The Medicinal Constant M. O. Mod. 6, 1915 (Address) Constant Of the PISTASE CAUSING DRATH, or, in destin from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INformant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yea mas, de, State, yes, mos, de, Where was disease contracted, If set at place of death? Former or usual residence
(Address) fockly fall. 13 Filed how 6, 1915- Jmsmelch Regis	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FOWLERS CEMIL—, 1915 20 UNDERTAKER & ADDRESS Q 9 WELL OF
	County Village or City 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, MARRIED, MIDONED OR DIFFORM (Write the word) TAGE (Month) TAGE (Beneral nature at industry business, or establishment in which empleyed (or empleyer) BIPTTHPLACE OF FATHER (State or country) TO NAME OF FATHER (Month) TO NAME OF FATHE

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons entaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired for persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the disease causing depends on the primary affection with respect to time and chusation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report merc symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrcly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent neaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

No.

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ä ż Filed Nov 29 , 1915

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. INK-THIS UNFADING DEATH in plain terms, so ō on back See Instructions of Information CAUSE OF I

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	PLACE OF DEATH 19096	
C	ounty anne arunder (P)	
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٧	illage or City Univalealis (No. 1487)	riice Le
		21. :
	2 FULL NAME Solph Menry	Draw
	PERSONAL AND STATISTICAL PARTICULARS	
3 51	widowed, manua	18 DATE O
7	nale White (Write the word)	17
a D	ATE OF BIRTH April 27 1842	hos
	(Month) (Day) (Year)	that I last s
TAC	1 day,hrs.	and that de
8 0	CCUPATION	
(a)	Trade, profession, or Their Juh Lacker	***************************************
(b) bus	General nature of Industry, iness, or establishment in ich employed (or employer)	
	RTHPLACE (sate or country) Baltingone, Md	Contribe (Second
	10 NAME OF Solu Brown	(Signed)
NTS	11 SIRTHPLACE OF FATHER (State or country)	
ARE	12 MAIDEN NAME AL	CAUSES, S
0	13 BIRTHPLACE	18 LENGTH OR RECEI
1.4	(State or country) & owner out.	of death
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place
	(Informant)	Former or usual residence
	(Address) 130 Mull Slb. It Unichalis	19 PLACE (
15	1 1 1	34-1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

TIFICATE	Or	DEATH
Registration	Dist.	No. 2/

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
18 DATE OF DEATH (Month	2 8, 191.3 (Day) (Year)
17 I HEREBY CERTIFY, Th	at I attended deceased from
1 1916, to	hr 28 , 1915 ;
hat I last saw h Losq. alive on?	m 2 1 ,191 5
and that death occurred on the date sta	ted above, at 9 a · m.
he CAUSE OF DEATH * was as follows	
Wadeshie	pocroning
	· · · · · · · · · · · · · · · · · · ·
	p
	yrs mos/ ds.
(Secondary)	telis mestel
(Duration)	yrs mos ds.
(Signed)	· ·
, 191 (Address)	Bunaholis
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPIT)	ALS. INSTITUTIONS, TRANSIENTS,
At place In th	le.
of death yrs mos ds. Stat	te yrs mos ds
Where was disease contracted,	
if not at place of death?);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
usuai residence	100000000000000000000000000000000000000
19 PLACE OF SURIAL OR REMOVAL	DATE OF BURIAL
It Unner Cemeter	
20 UNDERTAKER	ADDRESS 1915
With the language	ADDRESS

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers statement. Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulmine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosls of lungs, meninges, peritonaeum, etc.. Carcinosls of lungs, meninges, peritonaeum, etc.. Carcinoscip

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County County 19097	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
VIIIage or City and alotio (No. 43, Constitution of Brown alotion of Brown	Octon St; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRHED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY OF RTIFY, That I attended deceased from 1915, to 1915 that I last saw how, alive on (America)
7 AGE if LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
CCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry business, or establishment in which empleyed (or empleyer)	foramer ovale (Duration) yrs. mos. d
9 BIRTHPLACE (State or country) amaholis and, 10 NAME OF FATHER Storg & Brown. 11 BIRTHPLACE OF FATHER (State or country) amaholis and, 12 MAIDEN NAME OF OF MOTHER SOLO	(Signed) (Signe
of Mother Odisebeth Lane 13 BIRTHPLACE OF MOTHER (State of country) amafolis and, 14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
(Informant) Odgebeth Lane Brown (Address) 48 Octon St Filed Nov 19, 1915 Ams MESSAR	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ABOUTY CEMIT! 20 UNDERTAKER CONT. B, LANKER & SON 92 WEST &
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Roquesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None

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ges. peritonaeum, ctc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT NEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenelature of the American Medical Association.)

EXACTLY PHYSICIANS sified. Exact statement of STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No..... If deeth occurred in -----Ward) a hespital or institution. give its NAME instead of street and number. RECORD PERSONAL STATISTICAL PARTICULARS 3 SEX SINGLE, 4 COLOR OR RACE 18 OATE OF DEATH stated cla MARRIEO. PERMANENT Married WIOOWED OR DIVORCED (Month) HEREBY CERTIFY, That I proper 6 DATE OF BIRTH pino pe ce (Month) Sh 10 7 AGE tf LESS than may back 1 day, hrs. O The CAUSE OF DEATH * was as follows: AH min. ? BOCCUPATION pplied. 0 tha (a) Trade, prefession, er in terms, so the particular kind of work (b) General nature of todustry SE business, or establishment in carefully which employed (or employer) 9 BIRTHPLACE (State or country) 00 10 NAME OF FATHER (Signad) pino 11 BIRTHPLACE (Addrase) RENT State or country State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 0 12 MAIDEN NAME E OF C OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Ver 13 BIRTHPLACE At place of infor O In the OF MOTHER 0 (State or country) of death уте. Every item of in should state CA CCCUPATION CA Where was disease contracted, 14 THE ABOVE IS TRUE If not et placs of death? usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 10 REGISTRAR 2 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health
Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

1 PLACE OF DEATH / 19099	STATE OF MARYLAND
County Anne Saundel	CERTIFICATE OF DEATH
4 1/1	Registered No. 25
Village or City Prooflyn (No. March.) 2 FULL NAME Marche 7 6	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Calored Single, Marrieo, Widower, Widower, Wildower, Windower, Write the word)	(Month) (Day) (Year)
DATE OF BIRTH Stephen 23rd, 19/2 (Month) (Day) (Year)	that I last saw her alive on hereuses of the same of t
AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or (particular kind of work	Rachitis
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Asule Brasch Jule Landing (Secondary)
10 NAME OF John Childo	(Signed) (Si
11 BIRTHPLACE (STATE OF FATHER (State or country) in Milliam ountry 12 MAIDEN NAME OF MOTHER 12 OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) were faunded outly Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Interment) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Drorklyn Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Olf more blanks are needed, address State Registrar, 6	Employ of Bally on
The more status are needed, address State negistral, o	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

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V. S. No. 1.

Coun	1 PLACE OF DEATH 1 PLACE OF DEATH 1 PLACE OF DEATH 1 PLACE OF DEATH 2 9100	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Pear Jones Sta Raileigh of Policy & Clark	Registration Dist. No. Recifile 17 (1) Ward) [If death occurred we a hospital or institution, give its NAME review of street and animber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR OLVORCED (Write the word)	(Month) (Day) (Year) HEREBY CERTIFY. That I attended deceased fro
	TE OF BIRTH (Month) (Day) 1871 (Month) (Day) 1871	Jan 5, 1915, to ATT 2.5, 1915. that I last saw held alive on 207 22, 1916.
7 AG	If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 200. The CAUSE OF DEATH * was as follows:
(b bus whi	General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) Many lance	Contributory Secondary
RENTS	10 NAME OF FATHER The Transpluin 11 BIRTHPLAGE OF FATHER (State or country) 12 MAJOEN NAME 12 MAJOEN NAME	(Signed) The man of Louis Survey Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
	OF MOTHER Harmah Brady 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) Jamel of Charles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At pisce In ths ef deeth yrs. mes ds. Stats, yrs. mee. (Where was disease contracted, if not at place of death? Former or usust residence
15 File	(Address) Earleigh Height (-1)	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OLY Cercellery annafolds ATT 26, 19N 20 UNDERTAKER ADDRESS Cumpallos
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, etc. If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, ctc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; by railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere



	PLACE OF DEATH	STATE OF MARY	LAND
Count	y Uma a arandal	CERTIFICATE OF	DEATH
	2	Registration Dist. I	vo. 2,22
Villag	e or City Paliny (No. No. No. No. No. No. No. No. No. No.	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of streel and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	4 COLOR OF PACE 5 SINGLE.	16 DATE OF DEATH	ZEATR
200	white MARRIED, Single on Divorced (Write the word)	(Month)	(Day) (Year)
6 DAT	Det 24 1914	NN 2/ ,1915, to NOV	2 5 , 1915 ,
7 AGE	(Month) (Day) (Year)	and that death occurred on the date state.	1916.,
	yrs. ds. ds. or min.?	The CAUSE OF DEATH * was as follows:	anove, at, controllin
(a) part	CUPATION Trade, profession, or louis kind of work General nature of industry	Abscess of by	
busi	ness, or establishment in	(Durstion)	yrsmosds.
9 BII	State or country) MJ	Seeondary (2007)	arlin 1 to
	10 NAME OF Damil Comelle	(Signed) James Ho Tamb	yrs,ds,, M. D.
RENTS	11 BIRTHPLACE OF FATHER* (State or country)	NOV 2 6, 1915 (Address) Byw. *State the DISEASE CAUSING DEATH, or, in CAUSES state (1) MEANS OF INJURY and (2)	looths from Vior ENT
PARE	12 MAIDEN NAME Manne Fox	CAUSES, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST	
	13 BIRTHPLACE OF MOTHER (State or country)		yrsds.
	e ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Daniel Cornell	Where was disease contracted, If not all place of death?	
	(Address) Patrixant mo	19 PLACE OF BURIAL OR REMOVAL C DA	TE OF BURIAL
15 File	Mal 263, 1915 Hedry Malon W	20 UNDERTAKER That AM AND AND CO	DRESS Lyglon md
	If more blanks are needed, address State Registrar, I	16 W. Saratoga St., Balto., Requesting V.S. No. 1.	Q C

[Approved by U. S. Census and American Public Health
Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemabile factory. is provided for the latter statement; it should be used cian, Compositor, Architect, Lacomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Aulo-(100

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning; head-homicide; Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septichumia," etc., when a definite disease can be ascertained as the "Heart failure, " "Haemorrhage," "Inanition," "Marasmus," "Old Age,? "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy,
"Anaemia" (merely symptomatic), "Debility" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, Always qualify all diseases resulting from childterminal conditions, such as "Asthenia," The contributory (secondary or intercur-Paisoned by carbolic acid-probably "Dropsy," State cause for which Never report mere "Atrophy," "Col-"Exhaustion," ACCIDENTAL,



S. No. 1.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated carefully supplied. AGE should be st that it may be properly classified. I certificate. UNFADING INK-THIS DEATH in plain terms, so See instructions on back of WITH PLAINLY, WRITE OF -Every Item CAUSE OF Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Peristration	Dist	No	20

Registration	Dist.	No	200

St.; -Ward) [If death occurred in a hospital or lostitution, give its NAME instead

FULL NAME Gray Emma	Cox	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
3 SEX 3 COLOR OR RAGE Finale Whitz Single, Marries Wisowed, Wrote the word) 8 DATE OF BIRTH 4 COLOR OR RAGE MARRIED, Marries Wisowed, Wisowed Wisowed, Write the word) (Month) (Day (Year)	(Month) 17 I HEREBY CERTIFY, That I may 30 th, 191 3, to Rosses that I last saw h. (Dec.)	Now 19th, 1915.
TAGE If LESS than 1 day,hrs. ORmin.? **Occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated The CAUSE OF DEATH* was as follows: The two title with the commission of t	above, at broth m La Rephilis Of horz yrs mos is
9 BIRTHPLACE (State or country) Maryland 10 NAME OF HATHER HATHER State or country) Haryland 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	(Signed)	yrs mos ds you have the hard In deaths from Violent dd (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, or RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, if not at place of death? Former or usual residence.	INSTITUTIONS, TRANSIENTS
(Address)— Daville 16 Filed	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or misearriage as "Puerperal septichaethenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," ample: Measles (discase eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, cte., of...... (name origin; "Can-"Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD No. 1.

'n

1 PLACE OF DEATH 19103	STATE OF MARYLAND CERTIFICATE OF DEATH
County a. a. Co.	Registration Dist. No
Village or City Annapolio (No. C.), e 2 FULL NAME Ulliain	St: Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word) 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH May & 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from Seftember 1915, to November 20, 1915, that I last saw hand alive on November 19, 1915
7 AGE 35 yrs. mos. 12 ds. or min.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Since of mos. ds. Contributory Sphiles
9 BIRTHPLACE (State or country) and Suif a. G. G. Co. July 10 NAME OF FATHER Um. a. Suis .	(Secondary) (Burations rows ds. (Signed) Walter H Hoykins M. D. NN 2), 1915! (Address) Lunapolis M.
11 BIRTHPLACE OF FATHER (State or country) Prince Georges. Co. Inc. 12 MAIOEN NAME OF MOTHER OF MOTHER OF GEORGE OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) & Dist. Q.Q.Cu, md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Lla B. Drawis	Former or usual residence
Filed Nov 21, 1916 Ang Welch REGISTRAR	20 UN OERTAKER ADDRESS W. Mussey Core
f more blanks are needed, address State Registrar, 6 E	The both and a second

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

cause. Always qualify all diseases resulting from ampie: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railicay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) EXACTLY. P a hospital or institution. give its NAME instead of streef and number. RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. PERMANENT OR DIVORCED (Write the word) O (Month) HEREBY CERTIFY, That Lattended deceased from 6 DATE OF BIRTH pino (Year) (Month) TAGE If LESS than 0.1 and that death occurred on the date stated above, at M.M. m. 1 day, hrs. ck E G The CAUSE OF DEATH * was as follows: OR min. ? Q + 00 OCCUPATION pplied. CE 유 (a) Trade, profession, or ons 20 (b) General nature of Industry SE terms, structi business, or establishment in refully which employed (or employer) 9 BIRTHPLACE (State or country) Contributory C Secondary C Q 00 20 10 NAME OF C FATHER 2 (Signed) M. D. pino I rtan 11 BIRTHPLACE Z4. 1815 muchlo (Addrese) ENT OF FATHER SP A *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) odwi CO œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. A OF MOTHER atio 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS EW 13 BIRTHPLACE At place In the S of infor OF MOTHER (0)ута.таа. 5 (State or country of death Every item of in should state CA OCCUPATION Where was disease contracted, if not at place of death?... Former or usuat realdence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 26 , 1916. 15 20 UNDERTAKER ADDRESS 00 REGISTRAR dreal Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, arespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," cause. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, ctc. on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere wound



V. S. No. 1.

N.B.

	19105	
	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	ty U-U	CERTIFICATE OF DEATH
	0 10. 148	Registration Dist. No. 2/
Villa	ge or City CMMafolis (No. 170)	St; Ward) [tf death occurred in a hespitat or institution, give its NAME instead
	2 FULL NAME SUSCIMA WEST	Horsey of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE.	Emals Ol-, Strate, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH Warch 2, 1863	Lov. 6 191 1, to Ww 12 ,191.8
	(Month) (Day) (Year)	that I last saw h alive on
7 AG		and that death occurred on the date stated above, at m
	52 yrs. 8 mes. / ds. or min.?	The CAUSE OF DEATH * was as follows:
1 2 2	Trade, profession, or House Wife	Cents Continued and allege Itim
(b)	General nature of industry / ciness, or establishment in cich employed (or empleyer)	(Burstion) yrs mes ds
	RTHPLACE (State or country) Chesterfield a-a-Cappd.	Contributory of graph
	10 NAME OF Washington West.	(Signad) Harris La Land M. O. M. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Prince Storge Co. Md,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL,
PARE	12 MAIDEN NAME Marka Brown	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) South River a-a Co	OR RECENT RESIDENTS) At placs to the first the
	(toformant) Lot Elhin Ridglen Oliney	Where was disease contrasted, If not at place of death? Formar or Ususi rasidence
	(Address) 148 South Stt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	May 14, 1915 - Amy Welch	20 UNDERTAKER ADDRESS
-	PEGISTRAR	E7/13 ranger 8 son 192 West St.
	If more blanks are needed, address State Registrar, 1	16 W. Saratora St., Balto, Recogniting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease causing neath, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent neaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

19106



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	4.	Minnell
3	L	Ward)

[if death occurred la a hospifai or iostitutioo, give its NAME iasfead of streei and nomber.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Problember 22 , 1915 (Month) (Day (Year)
17 I HEREBY CERTIFY, That I attended deceased from
that I let any bling a mark the said
and that death occurred on the date stated above, at 9 30 n
The CAUSE OF DEATH* was an follows:
J. A. W. J. H. C. M.
(Duration)yrsmos
Contributory Cuchuows
Secondary (Diration) yrs mos
(Signed) Maclaw Carrow . M.
Lov 23, 191 (Addrass) Whot Puris M
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERS
Ai place In the
of death yrs mos ds. Sfale yrs mos (Where was diseasa contracted,
If not af piace of death?
usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
29 ON DERTAKER / ADDRESS ADDRESS
John Man - Latter Park
-

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



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N. B.—Every licm of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

19107 1 PLACE OF DEATH Anne Aundel



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

Village or City	(No	St.:
CA	C	
Zlen	or (dun &	

It death occurred in a hospilal or Institution,

FULL NAME Zlenora Za	divad of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Smale Colored Single, Married, Willower, Orbivorget (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH	that I last saw her alive on ADV 17, 1915.
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. ORmin,?	and that death occurred on the date stated above, at 9,13 1 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or articular kind of work.	Level Phlasin Complica
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs
10 NAME OF FATHER HUNTY Marshall 11 BIRTHPLACE OF FATHER (State or country) Marshall 2 Maiden NAME OF MOTHER Catherine Pohnson	(Signed) (Duration) yrs mos ds. (Signed) M. D. *State the DISEASE CAUSING DEATH, or in deaths from Violence
12 MAIDEN NAME Catherine Johnson 13 BIRTHPLACE OF MOTHER (State or country Many and	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds.
(Informant) Margarel Boucke	Where was disease contracted, It not at place of death? Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL TURNEL BRANCH ADDRESS Parklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLAINLY, WITH

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stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very

ination should be carefully supplied. AGE should be signified in plain terms, so that it may be properly classified, uctions on back of certificate.

See Instructions of Information

N.B.—Every Item of Inform CAUSE OF DEATH Important. See Instr

RECORD

PERMANENT

Village or City Amagnotic and (No. 57)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Vashing to : St.; Ward) If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Move 25 1915 (Month) (Day) (Year)	that I last saw h
7 AGE If LESS than 1 day, W. hrs. yrs. mos. 2 ds. OR 4 min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. Make a supplied to the supp	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Chun appoint m d	Contributory (Secondary)
11 BIRTHPLACE James Harris OF FATHER (State or country) West River and 12 MAIDEN NAME	(Signed)
of Mother Pouls Hall 13 BIRTHPLACE OF MOTHER (State or country) A SST River and 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Birtha Hall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) . 9 (Mashington 80 18 Filed Nov 28, 1915 - Am Melch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOVE, 29, 1915. 20 UNDERTAKER ADDRESS

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If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. additional line is provided for the latter statement; the nature of the business or industi; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septicharture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds. Never report For VIO-



V. S. No. 1.

1 PLACE OF DEATH County anne Arundel (5)	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Sity Shady Side (No. ,)	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR OLVORGEO Single	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MOV 9, 1915
GROWER OF BIRTH OND STORES ON THE WORLD O	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 1915, to 1915 that I last saw have alive on 1915 and that death occurred on the date stated above, at 3. 9 n
yrs. mes. ds. OR min.? Ca) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH * was as follows: Premulate buth (Ourallon) yrs. mos. (Contributory Secondary Secondary Secondary (Contributory Contributory Cont
OF FATHER That Bernard Hallock 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIOEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) (Address) (Address) (Address) (Address) (Bureflen) (Bureflen) (Mannelloof (CAUSING) (State the Dispase Causing Death, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (Signed) (Sign
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Buncal Hallock (Address) Sharly Side, Mik	At place of death yrs. mes. ds. Stale, yrs. mes. Where wes disease contrasted, If not of place of death? Former or usual rasidance 19 PLACE OF BURIAL OR REMOVAL Hallack Climite to Date of Burial April 1915
Filed Moto 9 , 1915 SLD T DIMEREGISTRAR If more blanks are needed, address State Registrar, 1	20 UNDERTAKER COUL Studley Ma

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Croccry; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Croccry; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line "Foreman," "Manager," "Dealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ciun, Compositor, Architect, Loca engincer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Struck by "PUERPERAL perilonitis," etc. railway The contributory (secondary or intercurtroin-accident; Revolver State cause for which Never report mere wound



PLACE OF DEATH 19111) County A A Village or City Skidmore (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) [it death occurred in a hospital or institution give its NAME instead el street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jex 4 GOLOR OR RACE SINOLE, MARRIED, WISOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH /1077 2/ , 1915 (Month) (Day) (Year)
TAGE TAGE TAGE TAGE TAGE TO DAY TO DAY	that I last saw here alive on 2007 21' , 1915 , 1915 and that death occurred on the date stated above, at 1/15 m. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) A. A. Co A. C.	(Doration) yrs. 4 1 mos. cs. Contributory (Secondary)
10 NAME OF FATHER Beorge Harges 11 BIRTHPLACE OF FATHER (State or country) A, A, Co. M. 4 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or osual residence.
(Address) Skidinge my 15 Filed have 22, 191.6 Amg Welch REGISTRAR 15 more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL Proad ruch a 9 Chy Mov 23, 1915. 20 UNDERTAKER ADDRESS Chrispilis F. & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a)-Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question wbo have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

childivirth or miscarriage. as "PUERFERAL septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as wbich surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Contbcnia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-For vio-



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county and armshe	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Charles Heinel	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from
Oct 3 , 1 (Year) 7. AGE	that I last saw home alive on Nov 3 29 1910, and that death occurred on the date stated above, at 1/2/40. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Broncho - Pression yrs. mos. 2 ds. Contributory Secondary Broncho - Pression 2
10 NAME OF Chorles 14 LINE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
of MOTHER Journey Brown 13 BIRTHPLACE OF MOTHER (State or country) Jeven side MM 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informan!) Journey Drown Mother	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of deeth yrs. mos. ds. Stete, yrs. mos. ds. Where wes disease contracted, it and all place of death? Former or usuel residence
(Address) 40 aelos Fair	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Broad nuch D.C. 6., 1915
Filed Mov 5 , 1915 Melch REGISTRAR	Samuel allen 32 Months
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. wife, Housework, or At Home, and children, not gainfully only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autotaken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more E yrs.). For persons who have no occupation whatever state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. write None. business, that fact may be indicated thus: Farmer (retired precise specification as Day laborer, Form laborer, Loborer business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,") Lobar indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) lapse," "Coma," "Convulsions," "Debility." ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmin," "Weakless," on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: heod-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL sopticharmia," "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Anaemia" (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-Never report mere (Recommendations



PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS A should be AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s. Important. 1 PLACE OF DEATH

19112



STATE OF MARYLAND CERTIFICATE OF DEATH

County	DEATH TORRE OF DEATH
	Registration Dist. No.
Village or City Browth (No,	St.; Ward) [It death occurred in a hospital or institution,
FULL NAME Bunj DV	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White Single, Married, Widower, Or Divbraceb (Write the word)	16 DATE OF DEATH NOV (Year)
B DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from 1915, to 2005 [1915]
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, protession, or particular kind of work.	Scalit From
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	Secondary (Burntler)
10 NAME OF FATHER & & & . Hopkeins	(Signed) Chastorosk, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
of MOTHER Many g S. Syde	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs, mos ds
(Informant)	Where was disease contracted, It not at piace of death? Former or usual residence.
(Address)	gle Land S/a now 5 191
Filed now & 1915 Chaste word	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N. W.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illfication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnru "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum; etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mns," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopmeumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) may be stated under the head injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by raitical train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhanstlon," 0



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See instructions on back of certificate.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very N. B.-Every item of information should be CAUSE OF DEATH in plain terms, s. Important.

PLACE OF DEATH County anne arundel.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ...

Ilf death occurred is a hospital or institution, give its NAME instead of street and nomber.]

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be eutered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

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TION profession, er		>	

STATE OF MARYLAND CERTIFICATE OF DEATH

Easen

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

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Ward)	[If death occurred in a hospital or institution, give its NAME instead

of street and number.

16	1		
16 DATE OF DEATH	nov	3	. 1915 -
= 0 = = 0000000000000000000000000000000	(Month)	(Day)	(Year)
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that I last saw h	alive on		, 191
and that death occurr	ed on the date stat	ed above, a	t m.
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PEGISTRAR

Vinse. Mrs Brice

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician. Compositor. Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the disease causing pears (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma." "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichacmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

state Means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For VIOLENT DEATHS "PUBRPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," ctc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carvinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably by railway Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver wound Never report mere important.



V. S. No. 1.

N.B.

County	ace of Death a — 19116	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or C	City DErmandonnen	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
P DATE OF	4 COLOR OR RACE 5 Strigle, MARRIED, WILDOWED GROWERCED Married	(Month) (Day) , 191 2 (Month) (Day) (Year)
7 AGE	(Month) (Day) , 1 8 6 7 (Year) If LESS than 1 day, hrs.	that I last saw have alive on
particular k (b) Genera business, e	profession, or Jay Labores kind of work at nature of industry or establishment in eyed (or employer)	Contributory Chamas Nathrills
V) 11 BIR OF	ATHER Charles Johnson, ATHPLACE FFATHER State or country) VEST River - Md, ALDEN NAME	(Signed)
13 BIF	RTHPLACE F MOTHER WIRNOWN - State or country) WIRNOWN	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yes. mos. ds. State,yes. mos. ds. Where was disease contracted,
14 THE ABO	Harrist - (stant - 1)	ff nel st placs of death? Former er veuel residence
16 Page No	Idress) Clomakolis XId. Nov 28, 1914 - Amonzech REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ACTION NESSLEY CEMI- 1. 28. 1915 20 UNDERTAKER EHB Carker & Son 92 WESTST
1	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Associatiou.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housewaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CLUSING DEATH (the primary affection with respect to time and causation), using always the same accepted form for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name 'origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic vatvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ctc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cour	19117 19117 190 or City Mary Serence (No. 11)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hespital or institution,
	2 FULL NAME Oleran Stude	give ils NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) TE OF BIRTH	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) , 1894	that I last saw home alive on how John 1913,
7 AG	It LESS than 1 day, brs. OR min.?	and that death occurred on the date stated above, at # m. The CAUSE OF DEATH * was as follows:
V par V (b	CCUPATION) Trade, protession, er flicular kind of work) General nature of industry siness, er establishment in ich empleyed (or employer)	(Duration) yrs. mos 5 do.
9 81	10 NAME OF FATHER LAUSES IX STRUKON -	Contributory Secondary Secondary (Gurelign) (Signed) (Signed)
RENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
14 TH	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of deeth
	(Interment) Kurles O Dhuson	Former er usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ed Dal 1, 1916 Through Hayshaw	Fresherm Cercley DE 9 2, 1015 20 UNDERTAKER Pyz Hulfry & Bal
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Cénsus and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; "Dropsy," "Exhaustion, State cause for which Never report mere "Atrophy," (Recommendations wound of ("Con-



S. No. 1.

N. B.

carefully supplied. AGE should be stated EXACTLY. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be

PHYSICIANS should state of OCCUPATION is very DEATH in plain terms, so that it m. See instructions on back of certificate. CAUSE OF Important. S

19118 1 PLACE OF DEATH county a, a, Co



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No.
VIII	age or City Unnepoh (No	St.; Ward) [It death occurred to a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the word) ATE OF BIRTH	16 DATE OF DEATH
TAC	(Month) (Day (Year)	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) pai (b) bus whi	CCUPATION Trade, protession, or Oyster Shucker General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary
PARENTS	10 NAME OF FATHER NAME ROUNDS 11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME OF MOTHER NAME (Robinson)	(Signed) (Si
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or
16 File	(Address) Christfield Summerset es 18 Mov 30, 1915 My Welch 18 PEGISTERS	19 PLACE OF BURIAL OR REMOVAL Christfield produce 2 1915 20 UNDERTAKER Chance T Seil 139West St

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, totanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

		y -	
	PLACE OF DEATH	STATE OF MAR	RYLAND
		CERTIFICATE O	
C	ounty and Compall		2./
	(70	Registration Dis	t. No
٧	Village or City (No. ,	St;Ward)	[it death occurred l a hospital or institution
	FULL NAME Robert J. Jan	L	give its NAME instea of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH HOUSE (Month)	9h, 1915 (Day) (Year)
-		17 I HEREBY CERTIFY, That I a	ttended deceased from
o D	ATE OF BIRTH	100 8 - 1915 to War	8 1/2 1915
	(Month) (Day) (Year)	that I last saw h am alive on wor	8 17
7 A			
	1 day hrs	and that death occurred on the date stated a	bove, at / _ m
	57 yrs. 2 mos. 24 ds. OR. min.?	The CAUSE OF DEATH* was as follows:	
	CCUPATION	Pull	
	Trade, protession, or rticular kind of work.	Jumanary vy	su culous
	General nature of industry,		
	iness, or establishment in ich employed (or employer)	(Ouration)	yrs. And mos ds.
-		Contributory Julianian Tuk	reulosis
(S	IRTHPLACE (tate or country) annaloses Mol	(Secondary)	Moral
	10 NAME OF	(Ogration)	yrs mos ds
	FATHER RIM. J Mines	(Signed) Mury unu	Э , M. O.
S	11 BIRTHPLACE	Meximuly 10, 191 1 (Address) Com	afortes me
ENT	(State or country) amajorh Md	*State the DISEASE CAUSING DEATH, or, in	deaths from Vroseve
PARE	12 MAIDEN NAME OF MOTHER M 1 Sund	TAL, SUICIDAL, OF HOMICIDAL.	(2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country) Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN OR RECENT RESIDENTS) At place in the of death yrs	STITUTIONS, TRANSIENTS,
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	, ,
	y have the walk	It not at place of death?	
	(Informant) Carra 1. Mary 1.	usual residence	***************************************
	(Address) umajo oli	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	7	Cedar blutte 1	WV 11 1915
Fi	led Nov 10, 1915 - Ang Wilch	20 UNDERTAKER	DDRESS
4.1	REGISTNAR	Sw & worlly a	moder .
	If more blanks are needed, address State Registrar, 6 E	E. Franklin St., Balto., Requesting V. S No. 1.	1200
		The state of the s	

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological design of lungs, meninges, peritonaeum, etc...

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PERMANENT RECORD

UNFADING INK-THIS

WRITE

N. B.

S. No. 1.

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. -Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

19120

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[if death occurred in a hospital or lostitution, give its NAME instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tanda 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
a. C.	1915 to 1915
(Month) (Day (Year)	that I last saw ham alive on 2000 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 4 30 m.
about 22 2 1 day, hrs. or min.?	
OCCUPATION	
(a) Trade, profession, or particular kind of work	in any notes
(b) General nature of Industry.	
business, or establishment in which employed (or employer)	(Duration) yrs. nos. ds.
9 BIRTHPLACE	Contributory Len Cuova
(State or country)	Secondary
10 NAME OF Jane Nathan	(Signed) Marchan (Boration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST O MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(informant) les Kurky	Former or usual residence
(Address) Dielowafe & Diel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mod 1915 March Coword	20 UNDERTAKER ADDRESS ADDRESS
189- WEN REGISTRAR	Harden - Thur Halloway Old
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekcopers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -6 1915
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN W. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
(1(1)	CERTIFICATE OF DEATH
Gounty	Registered No. 22
Village or City Tambrels (No. 2)	St; Ward) [If death occurred is a hospital or institution give its NAME losteac of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX 4 COLOR OR RACE 5 BINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Surger	16 DATE OF DEATH 2/, 191/0 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Oct /8 (Month) (Day) (Year)	Mov 2/, 1915, to Mov 2/, 1915 that I last saw h as allve on Mov 2/, 1915
7 AGE If LESS than 1 day,	and that death occurred on the date atated above, at 9,40A m. The CAUSE OF DEATH* was as follows: Con quital valvular heart
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) / yrs. mos. ds. Contributory. (Secondary)
10 NAME OF FATHER Chas Maste 11 BIRTHPLACE OF FATHER (State or country) Organia	(Signed) ON CHELLAR , M. D. (Signed) ON CHELLAR , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs, mos, ds. Where was disease contracted, If not at place of death?
(Interment) Condade (Address) Securbully md	Former or usual residence
Filed NAV. 122 , 1917 Holy Cister Ly, REGISTRAR	Wherandra Var Nov 23, 1913 20 UNDERTAKER P J Williams & So Waterbury Med
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Déaler," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples: For persons

Statement of cause of death—Name, first, the dibrable causing death—In all primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." sepsis, tetanus) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples:



PLACE OF DE	ATH 191	22)	STATE OF M CERTIFICATE	OF DEATH
Village or City Sp.	a Poad n	an Cun (No. Len	apols thicus	Ward)	Dist. No. [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL A	ND STATISTICAL PA	RTICULARS		MEDICAL CERTIFICAT	E OF DEATH
Male M	Thate Single MARRIE WIDOW OR DIV	ED, Marrie	16 DATE OF D	EATH MOSS (Mont	th) (Day) , 1914 (Year)
6 DATE OF BIRTH	Nov (Month)	2 ,1857 (Day) (Year)	that I last sa	19ht, to	attended deceased from 30, 1910
7 AGE 6 4	yrs	if LESS that 1 day, hrs. OR min.?	and that dea	th occurred on the date	
(a) Trade, profession, nr particular kind of work (b) General natore of ledus			huttal	my spech	Homa am
business, or establishment which employed (or employed BIRTHPLACE (State or country)	annie anni	del a Ma	Contribut Secondary	ory (Ouration	Arterio Seli
10 NAME OF FATHER	oshua Lis	Micium	(Signed)	o, Wells (Ouration	n)
II BIRTHPLACE OF FATHER (State or countr		Co. Ma	*State CAUSES, sta SUICIDAL OF	the Disease Causing Drath, te (1) Means of Injury; at Homicidal.	or, in deaths from Violenz
13 BIRTHPLACE OF MOTHER (State or countr	Mayoma	Walirs	18 LENGTH OF OR RECENT F At placs of deathyrs	RESIDENTS)	LS, INSTITUTIONS, TRANSIENT the tate, yrs, mee.
14 THE ABOVE IS TRUE (Informant) Muse	Journ Line	NOWLEOGE	Where was discess if not at place af Former ar usual residence		
(Addross)	mupolis	244	Cidar	Bluff Cent	DATE OF BURIAL Les 3, 1915
FROD Dec 3, 1	more blanks are needed, s	REGISTRAR	20 UNDERTAK	Tay h. tus	ADDRESS

FOR BINDING

RESERVED

MARGIN

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective state occupation at beginning of illness. engaged in domestic service for wages, as Scrvant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton If retired from of age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic excebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, EVICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as birth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the by railway train-accident; Revolver wound The contributory (secondary or intercur-Never report mere "Atrophy," "Colacid—probably ACCIDENTAL, ("Con-



N D D N

- 学芸学

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers precise specification as Day labarer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Foreman," "Manager," "Dealer," etc., without more Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely Eventulae. A action of the control of the c surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from child-"Anaemia" to determine definitely. rmine definitely. Examples: Accidental drowning; by railway train—accident; Revolver wound of "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-Never report mere "Atrophy," "Col-("Con-



Coun	PLACE OF DEATH 19124	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Villag	go or City anafolis (No. 6 menger) 2 FULL NAME Esther m. 1	11 1-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO OR DIVORCED (Wrise the word)	18 OATE OF OEATH Movember 12, 191 (Month) (Day) (Yea
6 DA	TE OF BIRTH	Sept 20, 191 5, to November 12, 191 that I last saw h ex alive on Movember 11, 191
7 AG		and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(b) whi	Scherzi nature of industry siness, or establishment in ich employed (or employer)	Contributory Secondary
ENTS	10 NAME OF FATHER COURS Carliste 11 BIRTHPLACE OF FATHER (State or country) 12	(Signed) Nov. 12 191.5 (Address) Queef olis Md *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of deeth yrs. mos. 2 / ds. State, yrs. mos
	(Informant) 15 and the BEST OF MY KNOWLEDGE	If not at place of deeth? Former or usual residence Annapolic Ind
15	(Address) La capación II d	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL NOV 14, 1915
	ed Nov 14, 1915 - Mrs Wiles	James & Saylor on anopole
	If more blanks are needed, address State Registrar,	16 V. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) frocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (seeopdary), 10 ds. Never report nere ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Pueneparal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which "Atrophy," "Col-("Con-



Coun	PLACE OF DEATH 19125	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	ge or City Campaviole (No. , 2 FULL NAME Elizabeth 7	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
", bt.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	TE OF BIRTH A COLOR OR RACE SINGLE, MARRIEO, WIDOWED OR OIVORCED (Write the word) (Month) (Day) (Year)	18 OATE OF DEATH Novoule on 18, 191 (Month) (Day) (Yea 17 I HEREBY CERTIFY, That I attended deceased fr NON 22, 1915, to USA. 25, 191 that I last saw h. R. A alive on USA. 27, 194
7 AG	66 yrs. 11 mes. 17 ds. OR mia.?	and that death occurred on the date stated above, at
X par	Trade, profession, or House work General nature of industry	Cerebral nemorrhage
pas	siness, or establishment in ich employed (or empinyer)	(Buration) O yrs. O mos. 6
4.3		Contributory
4.3	(State or country) England.	Contributory Sepondary (Borston) yrs. mos.
BENTS STATE	10 NAME OF FATHER Mathias Movis 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME	
PARENTS	10 NAME OF FATHER Mathias Movis 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME OF MOTHER SARAh SWISSEN 13 BIRTHPLACE OF MOTHER (State or country) England 14 MAIDEN NAME OF MOTHER SARAh SWISSEN	(Signed) (Signed) (Signed) (State the Pishane Causing Dmath, or, in deaths from Violent Causes, state (1) 'Tans of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place of death yrs. mee. de. State, yrs. moe.
S BE	10 NAME OF FATHER Mathias Moves 11 BIRTHPLACE OF FATHER (State or country) Congland 12 MAIDEN NAME OF MOTHER (STATE OF MOTHER SARAh SUTSELY) 13 BIRTHPLACE 13 BIRTHPLACE	(Signed) (Signe
S BE	10 NAME OF FATHER Mathias Movis 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SARAh SWILLIAM 13 BIRTHPLACE OF MOTHER (State or country) 14 BOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	(Signed) (Signed) (Signed) (Signed) (State the Dispane Causing Death, or, in deaths from Violent Causes, state (1) 'Tens of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Translet or Recent Residents) At place in the feeth presidents, and the seasof death presidents and the s

20

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Househeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Foaler," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) (rocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Urarmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heromorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic vulvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal perilonitis," etc. State cause for which birth or miscarriage as cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Anacmia" symptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercur-(name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound (increly symptomatic), "Atrophy,' ma," "Convulsions," "Debility" "Puerperal septichaemia," Never "Atrophy," "Colreport mere important.



1 PLACE OF DEATH PHYSICIANS t statement of 19126 STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number. RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF GEATH MARRIED. WICOWEO OR DIVORCED properly irtificate. HEREBY CERTIFY, That I 6 DATE OF BIRTH should cel (Month) (Year) (Day) Of 7 AGE It LESS than and that death occurred on the date stated above, at 150 fm. AGE back E 1 day, hrs. OR mln.? LO BOCCUPATION supplied. (a) Trade, profession, or instructions particular kind of work 0 (b) General nature of industry terms, business, or establishment in which employed (or employer) (Buration) 9 BIRTHPLACE Contributory (State or country) Secondary mid plai See 10 NAME OF be 'n FATHER pino important. I Nn 11 BIRTHPLACE HZ OF FATHER d (State or country) *State the PISFASE CAUSING DEATH, OF, in deaths from VIOLENT 1-1 R CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 12 MAIOEN NAME SUICIDAL OF HOMICIDAL OF MOTHER ati 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very Inform Lil OR RECENT RESIDENTS 13 BIRTHPLACE SO At alsce OF MOTHER WRITE In the (State or country) of death Every Item of Inshould state CAI State,yrs.mes. . 4 Where was dissess contracted, If not at piece of death? Former or uoual residence OR REMOVA OATE OF BURIAL (Address) ..., 191. 0 mary REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bako., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question applies to each and every person, irrespective of age. write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Parmer or Planter, Physition is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever The material worked on may form part without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (discase causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which



V. S. No. 1.

N. B.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT should be stated EXACTLY. of information should be carefully supplied. AGE should be start in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be CAUSE OF DEATH in plain terms, s Important.

Village or City

1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

C+.	Ward

[If death occurred in a hospitat or iostitution, give its NAME Instead

	FULL NAME JOHN Oflung OW	or street and nomoer?
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Rale COLOR OR RACE SINGLE, MARRIEO, WIDDWEO, WIDDWEO, WIDDWEO, (Write the word)	16 DATE OF DEATH 35 ,1915- (Month) (Day (Year)
6 D	ATE OF BIRTH June 6 1843	17 I HEREBY CERTIFY, That I attended decessed from 28 1915 to 200 30 1915
7 A	(Month) (Day (Year)	and that desth occurred on the data stated above, at m The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work) General nature of industry, siness, or establishment in ich employed (or employer)	Several Chills Each Ray Canal Observe (Duration) yrs mos 3 as
_	(State or country) Marylany	Contributory Curum Secondary (Duration) yrs mos ds
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER OWING OWING Mandany	(Signed) McClaus Caure A. M. D Start the DISEASE CAUSING DEATH OF In deaths from Works
PARE	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden- MAL; SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONA, TRANSIENTA OR RECENT RESIDENTAL) At place in the of death yrs. mos. ds. State yrs. mos. ds
	(Intomath January Ren Ren Mary Ren Mary Ren Mary Ren Mary Ren Mary Mary Mary Mary Mary Mary Mary Mary	Where was disease contracted, If not at place of death? Former, or usual residence.
16 FII	ed Ste 1915 Meelen Deword PEGISTRAR	PATE OF BURIAL OR REMOVAL PATE OF BURIAL DEG. 7, 1815 20 UNDERTAKER WILL 6 GEO.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUNG DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it, should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medleal Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ample: valvular heart disease; Chronic interstitial nephritts, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase eausing death), 29 ds.; (Recommendations on statement of Never report For vioof



Village or City Amaloho (No. 79, Carker	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21 [if death occurred in a hespital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 200. 14, 1915 (Month) (Day) (Year)	
9 DATE OF BIRTH 3	that I last saw h alive on 1915, and that death occurred on the date stated above, at 1915 m. The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Particular Carlery	(Burston) yrs. 4 mos. ds. Contributory C. Leanston & cust- Secondary runtation (Burston) yrs. 4 mos. ds. (Signad) Marsell lie. Lowers M. M. O.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY Adams	*State the DISPARS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) YEARS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Inferment) (Address) (Address) (Address)	OF RECENT RESIDENTS) At placa to the second	
FRED NOV 15, 1915 Ams Welch	20 undertaken & Son 92 WEST ST	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 urs. 7. For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE EAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebropunal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritongeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic vauvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchomeumonia (sccondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as Accidental, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull. and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Every Itom of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING THIS IS FOR RESERVED WITH UNFADING INK MARGIN PLAINLY, WRITE

No.

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1 PLACE

County Mine Wisnell		DEATH
	CERTIFICATE OF Registration Dist. N	
Village or City Churchton (No	St;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDI	CAL CERTIFICATE OF D	EATH
Male White (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDDWED OR DIVORCED (Write the word)	Month)	29 , 1913 (Day) (Year)
Garage 17 HEREBY	certify, that I attend make to Nov. malive on Nov.	29 ,1915,
7 AGE If LESS than and that death oc	curred on the date stated EATH * was as follows:	above, at S.Pm.
DCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which emplayed (or employer) BIRTHPLACE (State or country) (State or country)	(Duration)	
C 12 MAIDEN NAME SUICIDAL OF HOMIC	SEASE CAUSING DEATH, or, in de	hlon.
OR RECENT RESIDE OF MOTHER (State or country) Mol Where was disease contract Where was disease contract OR RECENT RESIDE At placa et death	mesds. State,sted,	TUTIONS, TRANSIENTS,
(informant) Mrs Willard Moore If not at place of death?		
(Address) Jarbocsville. Md 94 Marys 16 FRED NOV-30, 1915 Gio T. Sent 20 UNDERTAKER	City, and De	PRESS
Sefuely Local Registran M. L., Ho		udley Md

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully engineer, Stationary fireman, etc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed For many occupations a single word or term on the -Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil But in If retired from many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "An zemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chapneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritanacum, etc., Carcinoma, Sorcama, etc., of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH 19130	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty. Anne Anundel	Registration Dist. No. 20
, Vi	11age or City Bouth Ruis (No	St.; Ward) [if death occurr a hospital or instit give its NAME in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE.		16 DATE OF DEATH (Month) (Day) (Yea 17 I HEREBY CERTIFY, That I attended deceased fore was 191 one was 191 to Nov 2 191
2(a)	(Month) (Day) (Year) E	and that death occurred on the date stated above, at 7 P. The CAUSE OF DEATH* was as follows: Pron the Procurred on the date stated above, at 7 P.
bush	General nature of industry, ness, or establishment in the employed (or employer) THELACE ate or country) Manylond 10 NAME OF	Contributory (Secondary) (Duration) yrsmos
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDENER OF MAINTHER 16 MAIDENER OF MAINTHER 17 MAIDEN NAME 18 MAIDENER OF MAINTHER 18 MAIDENER OF MAINTHER 19 MAIDENER OF MAINTHER 19 MAIDENER OF MAINTHER 10 MAIDENER OF MAINTHER 10 MAIDENER OF MAINTHER 10 MAIDENER OF MAINTHER 11 MAIDENER OF MAINTHER 12 MAIDENER OF MAINTHER 13 MAIDENER OF MAINTHER 14 MAIDENER OF MAINTHER 15 MAINTHER 16 MAIDENER OF MAINTHER 17 MAIDENER OF MAINTHER 18 MAINTHER 18 MAIDENER OF MAINTHER 18 MAINTHER 18 MAIDENER OF MAINTHER 18 MAIDENER OF MAINTHER 18 MAINTHER 18 MAIDENER OF MAINTHER 18 MAINTHER 18 MAIDENER OF MAINTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Many Sono	At place of death? Where was disease contracted, It not at place of death?
	Informant, Hoses Parker	Former or usual residence

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Purrperal septichaemus," "Old Age," "Shock." 'Traemia," "Weakness." cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails Bronchonncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 20



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN WRITE

V. S. No. 1.

Village or City Glew Gernice (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 St.; Ward) [It death occurred in a hespital per institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male rule Spingle, Married Widowed Mariel OR DIVORCED (Write tub word) 6 OATE OF BIRTH ATT 25 1831	16 OATE OF DEATH Moving (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 24, 196, to 28, 1910,
7 AGE (Month) (Day) (Year) 1 t LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Caul Reinhardt 11 BIRTHPLACE	Contributory Co
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Interment) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the of deeth yie. mes. ds. Stale, yrs. mes. ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address) Electronic 15 Filed May 28, 1945 Francis Afforce of the Registran If more blanks are needed, address State Registran,	PLACE OF BURIAL OR REMOVAL Classification of Burial Classification of Burial Date of Burial ATT 31. 1912 DO UNDERTAKER The Judicular of Burial ADDRESS Part Dulle Ma

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may he indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekcepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Ura-mia," "Weakness," and consequences (e. g., scpsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," ctc. State cause for which to determine definitely. Examples: Accidental drowning; birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, perilonneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere "Atrophy," "Col-("Con-



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[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully -- ("ool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write Nonc. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day luborar, Farm laborer, Loborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) 'rocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shoek," "Uracınia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (nerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Meosles (disease causing death), 29 ds.; Bron-chopmeumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart discase; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meosles, Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee Struck by railway birth or miscarriage as ""Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the The contributory (secondary or intercurtroin-accident; Revolver wound State eause for which



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-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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V. S. No. 1.

N. D.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

19133

PLACE OF DEATH

ann annid el



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No.
Vtt	rage or City Hamerok (No	St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	male White MARRIED, WIDWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH 100 Englass 5 , 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	Month) (Day (Year)	that I last saw hallve on, 191
7 A	Trade, profession, or	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Sceedy Dissertation + Recenta Previa
(b) bus wh	ricular kind of work General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) May (a)	Contributory Contributory (Buration) yrs mos ds
10 NAME OF FATHER OSCAL T. Secacit VI 11 BIRTHPLACE OF FATHER (State or country) Many and 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OT MOTHER OT MOTHER OT MOTHER OT MOTHER OT MOTHER		(Signed) 4 Macla Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally or Homicipal,
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death yrs, mos, ds Where was disease contracted,
ų.	(Informant) Cheer F Seignt (Address) Helwood & Red	it not at place of death? Former or usual residence
16 Fil	ed 2105 5, 1915 Marley Company PEGISTRAR	20 UNDERTAKER ADDRESS Prese F Siet House Me

If more banks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc, when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head



No. 02

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St:....Ward)

lit death occurred in a hospital or institution. give its NAME instead

South	of street and number.
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH NOV.	
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I s	
1 Nov 15 , 1915, to Mo	1910
that I last saw hism alive on	1915
and that death occurred on the date stated a	bove, at U D.
The CAUSE OF DEATH * was as follows:	
Telanus.	Ja40044*********************************
Distributed Villahore	0-1-1
Danjury to leg by gasolene (Duration)	- Mgrssl
(Duration)	vrs. mos 3
(Secondary)	• • • • • • • • • • • • • • • • • • • •
(Duration)	yrs. mos.
li T	/
(Signed)	, M.
. 191 (Address) Ann	who uld
*State the DISEASE CAUSING DEATH, or, In	dooths from Vrovenu
CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	(2) whether Acciden
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IT	STITUTIONS, TRANSIEN
OR RECENT RESIDENTS) At place In the	
The product of the pr	yrs mos
Where was diseasa contracted,	
if not at placa of death?	
Former or usual residenca	
19 PLACE OF BURIAL OR REMOVAL	DATE OF DUDIE
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Deale Cemetery 1	2005 18 , 191S
20 UNDERTAKER	ADDRESS
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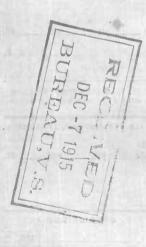
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," The (d)

Statement of cause of death—Name, first, the displace causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae ture of the American Medical Association.) cause of death approved by Committee on Nomencla. scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Contributory." is less definite; avoid use of "Tumor" for malls. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (merely symptomatic), "Atrophy," (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



		S should state ATION Is very.
	RECORD	PHYSICIAN:
BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very. Important. See instructions on back of certificate.
POR	K-THIS IS	AGE should b operly classiff
MARGIN RESERVED FOR BINDING	YFADING IN	at it may be pretificate.
ARGIN	LY, WITH U	should be car in terms, so th
2	RITE PLAIN	-Every item of information should be carefully supplied. ACAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.
T. B. No. 1.	3	N. B.—Every Item CAUSE OF Important.

PLACE OF DEATH 19135	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 21
Village or City St Inargarets (No	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Write the word Stage Bate of BIRTH GOV 2 1962	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 10019", 1915, to 400 20", 1915.
(Month) (Day) (Year) 7 AGE 11 LESS thau 1 day,hrs. ORmlu.?	and that death occurred on the date stated above, st 3 m, The CAUSE OF DEATH* was as follows:
SOCCUPATION (à) Trade, profession, or particular kind of work (b) Genoral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) St Marganilo a a China	(Boration) yrs. mos. 7 cs. Contributory (Secondary) (Deration) yrs mos. ds.
of Father and the state of country and the sta	(Signed) 3. D. Added, M. D. M. D. M. D. M. D. M. D. M. D. M. D. State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) At May aut a a a Ma. 15 Filed May 72, 1916 Ams Welsh REGISTRAR If more blanks are needed, address State Registrar	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL Nov-14915 29 UNDERTAKER y ay lusting ADDRESS Chrispolis
	1064.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL scptichacetc., when a definite disease can be ascertained as the genitai," "Seniie," etc.), "Dropsy," "Exhaustion," ampie: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-Never report Examples:



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Village or City Camapolis (No. 3)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED GR DIVORGED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to , 191,
7 AGE (Month) (Day) (Year) 7 AGE 1 1f LESS than 1 day, krs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, prefession, or particular kind of werk (b) General natore of industry husiness, or establishment in which emplayed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF PATHER Charles Edw-Stewart 11 BIRTHPLACE OF FATHER (State or country) amalohis and 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Address) (
of MOTHER Tousia Trimous 13 BIRTHPLACE OF MOTHER (State or country) Annaliolis Rid 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant) Lousia I, Stewart	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piece In the of death yrs. mas. ds. State, yrs. mase. ds. Where were discover contracted, if net at piece of death? Former or usual residence
(Address) 3 Loyce Al-, 15 Filed Nov 11, 1915 MSWelch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 20 UNDERTAKER & Son 92 WEST ST
If more blanks are needed, address State Registrar, 1	w. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as An school or At home. Carc should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 (For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and chasation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease eausing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "Il enforrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT PEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated un'er the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. if death occurred in Ward) a hospital or institution, give its NAME Instead 2 FILL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR PACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Month) (Day) (Year) certificate 17 I HEREBY CERTIFY. That I attended deceased from (Month) that I last saw h .. (Day) Year) 7 AGE If LESS than 50 and that death occurred on the date stated above, at 1 day, hrs. back The CAUSE OF DEATH * WAR as follows: min. ? POCCUPATION uo (a) Trade, profession, or instructions particular kind of wark (b) General nature of Industry business, er establishmeet in (Buration) which amplayed (or amplayer 9 BIRTHPLACE Contributory econdar (State or country) 200 (Buration) 10 NAME OF FATHER Important 11 BIRTHPLACE (Address) RENT OF FATHER (State or country) *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT M.a CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE in the OF MOTHER of deathyrs.mae. State,yre. (1) (State or country Where was disease costrasted, should state CA BEST OF If not of place of dooth ?.. Former er usual racidance ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mill; (a) Salesman, (b) Grocery; 2(a) Foreman, (b) Autoonly when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part write Nonc. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," If the occupation has been changed (a) Spinner, (b) Cotton

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (mcrely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Coneliopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or nomicidal, or as probably such, if impossible birth or miscarriage as "Puerpenal septichaemia," Always qualify all diseases resulting from ehildby railway train-accident; Revolver wound "Scnile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercuracid-probably



County	PLACE OF DEATH 19138 (3)	STATE OF MAR CERTIFICATE OF	
Village or	2 FULL NAME Hallie Thor	Hospitalse; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	FDEATH
FEMA GOATE O	11 ///	16 DATE OF OEATH Novem (Month) 17 THEREBY CERTIFY, That I atte	onded deceased from
7 AGE	(Month) (Day) 1885 (Month) (Day) (Year) If LESS than 1 day, hrs. OR min.?	and that death occurred on the date sta	
(b) Geni business, which em	de, profession, or r bousework eral nature of lodustry, or establishment in inployed (or employer)	Carebral Syp. (Ourston) U	ulis Mugroy
y 10 k	NAME OF FATHER Unknown BIRTHPLACE OF FATHER (State or country) Unknown	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Byration) (Address) (Byration)	Wwa L, M. O
13 6	BIRTHPLACE OF MOTHER OF MOTHER (State or country) WARNOW WAR	CAUSES, state (1) MEANS OF INJURY; and (2 SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At piace In this st death) whether Accidental,
(Information of the state of th	than In the Becarde	Former or usual residence Dallimore (19 PLACE OF BURIAL OR REMOVAL 14 DU WITCHE - 20 Mus City -	OATE OF BURIAL MANAGEMENT AOORESS
	DEPLY OFEN REGISTRAR	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	Gatto City

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal seplichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. on Nomenelature of the American Medical Association.) Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. eause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, State cause for which Never report mere



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County Amel Armidal	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City admiral (No	Registration Dist. No. St.; Ward) [if death occorred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE A COLOR OR RACE SINGLE, MARRIED, WIDOWED OR OIVORCED (Write the word) (Month) (Day) (Year) 11 LESS than	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Market 13, 1915 that I last saw have alive on Market 13, 1915
The second of th	and that death occurred on the date stated above, at 24.7 m. The CAUSE OF DEATH ** was as follows: Charter Anderson An
10 NAME OF FATHER Laward a rombern 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	(Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residents) At place of desth yrs mes. ds. lafs, yrs. mos. de Where was disease deafracted, from the state of death? Fermer or
(Infermant) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL PALTIMORE MA. 20 UNOERTAKER WM J. Jackner V Sone (Faltimore) Address

[Approved by U. S. Census and American Public Health
Association.]

-Coal nine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestie service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton write Nonc. or given up on account of the disease causing death, "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) (rocery; (a) Foreman, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question Housemaid, etc. taken to report specifically the occupations of persons is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-If the occupation has been changed If retired from (b) Auto-

> on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "Puenperal seplichumia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of "Senile," etc.), "Dropsy," State cause (Recommendations Never report mere "Exhaustion, for which wound of



BINDING

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MARGIN

County C - 19140	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/			
VIIIage or City Comofolia (No. 56) 2 FULL NAME Shill Infant	Clay St.; Ward) [It death occurred in a hespital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
13 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORSED ON DIVORSED ON DIVORSED (Writes the word)	18 OATE OF DEATH (Month) (Day) (Year)			
TAGE TOTAL (Month) (Day) (Year) TAGE TOTAL (Month) (Day) (Year) TAGE	I HEREBY CERTIFY, That I attended deceased from , 191, to , , 191, 191, that I last saw h alive on, 191, and that death occurred on the date stated above, at m.			
yrs. mes. ds. OR — min. ? 9 OCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH * was as follows: Still born hy physician in attendance			
(b) General nature of lodustry business, or establishment in which emplayed (or employer) BIRTHPLACE (State or country)	(Buretlon) yrs, mee de. Contributory Secondary			
10 NAME OF Guildford WEEMS.	(Signed) The Marsh (Burellon), yes mos de. (Signed) Peg M. O. Mor 19 191 (Address) Unrappelo			
11 BIRTHPLACE OF FATHER (State or country) Com afortio Md. 12 MAIDEN NAME OF MOTHER MANY Colored 15 BIRTHPLACE OF FATHER (State or country) 16 MOTHER MANY Colored The state of the	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.			
13 BIRTHPLACE OF MOTHER (State or country) SI- Margrels Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth yre. mes. de. State, yrs. mes. ds. Where was disease contracted,			
(Informant) Hany Colbert WEEM S	if not al place of death? Former or usuel residence			
(Address) 36 Cfay St=, 15 Filed how 19 1915 - The Welch	Brewerfull Cemi. 11, 20			
REGISTRAR	6. H. B. rarker & Son. 92 West 85			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. My Bruce Clay St.				

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing Death. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid form (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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atement of	Coun	1 PLACE OF DEATH 19958 Ity W. A.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20
d. Exact stu	Villag	ge or City No. (No. 100) 2 FULL NAME Chilips Wel	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
File		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y class	3 SE	ale Colored Single, MARRIED, Widowy OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Nor H, 1915 (Month) (Day) (Year)
properly rtificate.	6 DA	TE OF BIRTH	IT I HEREBY CERTIFY, That I attended deceased from
be properly certificate	cont mon (Month) (Day) , 1 (Year)		that I last saw h has alive on Nov 12, 1915,
it may b	7 AG		and that death occurred on the date stated above, at 200 m. The CAUSE OF DEATH * was as follows:
s, so that	par (b	Trade, profession, or Fasm Haus) Clicular kind of work General nature of industry	with Paress of the bladder
ain terms, e Instructi	Whi	shess, or establishment in ich employed (or employer) RTHPLACE (State or country) Martinacy (Martinacy)	Contributory Secondary
In pl		10 NAME OF Stephen Western	(Signed) John Culling, M. 0.
EATH	ENTS	11 BIRTHPLACE OF FATHER (State or country) Mayloud	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
SE OF DE	PARI	12 MAIDEN NAME dout Trace Q	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
US V s		13 BIRTHPLACE OF MOTHER COUNTRY COUNT Aurily	At piece In the of death yrs. mos. de. State, yrs. mos. ds.
state CA		(Informani) Mary allier	Where was disease contracted, if not et place of deeth? Former or usual residence
should	15 File	(Address) Stulk Kines Ma	Blace of Burial or REMOVAL DATE OF BURIAL Chene de Cernelen of Appress
2		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and dildren, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many eases, ness of various pursuits can be known. The question mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, If retired from

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PLACE OF DEATH SICIANS statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PHYS If death accurred in LY. P Exact a hospital or institution, give its NAME instead of street and number. RECORD EXACT classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 16 DATE OF DEATH stated MARRIED. WIDOWED OR DIVORCED properly rtlficate. (Year) I attended deceased 6 DATE OF BIRTH pino cel pe (Month) (Day) (Year) of 7 AGE If LESS than and that death occurred on the date stated above, at /// m. ш CK 1 day, hrs. E U OF DEATH * was as follows: OR min.? 00 6 OCCUPATION supplied tha (a) Trade, profession, or ons particular kind of work INK (b) General nature of industry business, or establishment in UNFADING which employed (or employer) carefully State or country) Contributory See 10 NAME OF be FATHER Should EATH I Important. II BIRTHPLACE ENT (Address). OF FATHER (State or country) d *State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. Œ MAIDEN NAME OF MOTHER of Informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At placs In the WRITE 40 (State or country)yre.mas. State. vrs. Every item of Instance Should state CAL Where was disease contracted. If not at place of death?... Former or usual realdanca DATE OF BURIAL 15 20 UNBERTAKER ADDRESS 00 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Realth Association.]

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